## FINANCIAL STATEMENT FOR PARENTS OF CHILDREN IN THE DIVISION OF FAMILY SERVICES ALTERNATIVE CARE

| CHILD'S NAME                           | LIFE #              | PETITION #                               |  |  |
|--|---------------------|--|--|--|
| HOUSEHOLD INFORMATION FOR              |                     | (n - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |  |  |
| •                                      | (Address)           | (Telephone)                              |  |  |
| Father/Step (Circle one)               | Mother/Step (       | Circle one)                              |  |  |
| Nane                                   | Name                |  |  |  |
| SSN                                    | SSN                 |  |  |  |
| Employer Long How                      | Employer            | How                                      |  |  |
| Employer<br>Address                    | Employer<br>Address |  |  |  |
| Employer Phone #                       | Employer Phone      | 2 #                                      |  |  |
| Occupation                             | Occupation          |  |  |  |
| Marital Status                         | Marital Statu       | 5  |  |  |
| Number of dependent children in h      |                     |  |  |  |
| ······································ |                     |  |  |  |
| NET MONTHLY INCOME (Father/Step)       | NET MONTHLY         | INCOME (Mother/Step)                     |  |  |
| \$Salary                               | \$                  | Salary                                   |  |  |
| Salary (2nd job)                       | \$                  | Salary(2nd job)                          |  |  |
| \$Unempl. Comp.                        | \$                  | Unempl. Comp.                            |  |  |
| \$Public Assistance                    | e \$                | Public Assist,                           |  |  |
| Social Security                        | \$                  | Social Security                          |  |  |
| SChild Support                         | Ş                   | Child Support                            |  |  |
| Child's Name:                          | Child's Name:       |  |  |  |
| \$Other                                | \$                  | Other                                    |  |  |
| Sourcei                                | Source:             |  |  |  |
| \$Total of above                       | \$                  | Total of above                           |  |  |
|  | Combined To         | Combined Total                           |  |  |

| MONTHLY HOUSEHOLD EXPENSES |  | ASSETS-FA  | ASSETS-FATHER/STEP   |  |  |
|----------------------------|--|--|--|--|--|
| \$                         | Rent/Mortg.  | \$   | Savings  |  |  |
| \$                         | Auto   |  |  | Union,<br>Savings &<br>Loan            |  |
| \$                         | Utilities  | \$   | Stocks &   | Bonds                                  |  |
| \$                         | Uninsured Medical  | \$   | Real Est   | ate Value                              |  |
| \$                         | Life/Health Ins.   | \$<br>************************************   | Auto   | Make)                                  |  |
| \$                         | Child Support  | \$   |  |  |  |
| \$                         | Auto Insurance   | 6gd <u></u>  | Other(S  | pecify)                                |  |
|                            | **************************************   | ASSETS-MC  | THER/STEP  |  |  |
| \$                         | Food (# of persons<br>x \$75)  | \$ <u></u>   | Savings  |  |  |
| \$                         | Clothes (# of persons x \$40)  |  |  | Union,<br>Savings &<br>Loan            |  |
| \$                         | Incidentals (# persons x \$30)   | \$<br>************************************   | Stocks &   | Bonds                                  |  |
| \$                         | Other  | **************************************   | Real Est   | ate Value                              |  |
| \$                         | TOTAL  | \$<br>************************************   | Auto (Yr   | Make)                                  |  |
|                            |  | \$   |  | Specify)                               |  |
| SUMMARY:                   |  |  | (  | Specify)                               |  |
| <u></u>                    | Combined Tota  | 1 Income   |  |  |  |
|                            | Total Basic E  | xpense   |  |  |  |
|                            | Difference   | Indicate +   | (plus) or -  | (minus)                                |  |
|                            | ALLE STREET AND THE S |  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   | wome we we                             |  |
| Person Givi                | ng Information   |  | **************************************   | ************************************** |  |
|                            |  | (Signature)  | HISTORIAN CONTROL CONT |  |  |
| Relationshi                | p to Juvenile  | and the state of t |  | <del>- 1800 - 1800 - 1</del>           |  |
|                            | rding Information  |  | Date   |  |  |
|                            |  | (Signature)  |  |  |  |